

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27298
Registrar's No. 2956

Registration District No. 1041

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 548 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution unknown (Specify whether
in this community unknown years, months or days)

3. (a) PRINT FULL NAME AUGUSTUS STRACHAN

3. (b) If veteran, name was unknown 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race unknown 6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 6 years (Day) (Year)

7. Birth date of deceased April 6 - 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Webster Grove, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Jackson County Home of the Aged

(b) Address Jackson County

17. (a) Burial (b) Date thereof 8/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill KC

18. (a) Signature of funeral director W. H. Kention

(b) Address 874/41

19. (a) 8/4/41 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Jackson County Home of the Aged
(If outside city or town limits, write "RURAL")
(d) Street No. 548 Main (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31 year 1941
hour minute

21. I hereby certify that I attended the deceased from 2:45 P. to 2:45 P.
that I last saw him alive on 7-31-41
and that he died on the date and hour stated above.
Immediate cause of death Phemic myocarditis Duration

Due to Phemic myocarditis

Due to Phemic myocarditis

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations Inspection

Of autopsy Inspection

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide (specify)

(b) Date of occurrence 7-31-41

(c) Where did injury occur? Jackson County Home of the Aged
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Inspection (Specify type of place) (Means of injury)

23. Signature M. M. Browne (M. D. or other) 3

Address 874/41 Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 3754

P. O. Address..... KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.